

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE					
							APPLICANT(S)							
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.	3													
TOTAL DEP.	7													
TOTAL CLAIMS	10													
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS														